TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT School Related Trips VOLUNTEER AUTOMOBILE TRANSPORTATION FORM

TTUSD Verification (Please initial each area upon verification)

SCHOOL		SCHOOL YEAR	
The Tahoe Truckee Unified School Dist hence, encourages educational study trip whenever possible, but there are times wasks parents to help provide transportati	os. The District will continue to make when vehicles and/or personnel are no	e every effort to provide transportation	
		(Must be 25+)	
(Circle One) EMPLOYEE	PARENT/GUARDIAN	VOLUNTEER	
Name	Date of Birth		
Address			
Home Phone: Cell Phone:			
Driver's License No. & State:		Expiration Date:	
	· VEHICLE INFORM A Must Be Verified by Viewing	ATION	
Name of Owner:		Phone:	
Address:			
Make:	Model:	Year:	
License Plate No. & State:		Registration Expires:	
Seating Capacity:	My Vehicle is in safe working	ng condition (Initial)	
	INSURANCE INFORM	ATION	
Insurance Company:	Polic	ey No.:	
Telephone No.:	Expiration I	Date:	
		Copy Provided:	
not been convicted of reckless driving of given above is true and correct. I under any losses or claims for damages. I here illness, or death occurring during, or by and that I will ensure that all child Additionally, I certify that I will of jurisdiction in which I am driving phones or devices and the prohibit	or more points on my current driving runder the influence of drugs or alcostand that if an accident occurs, my ireby waive all claims against Tahoe Treason of, this field trip or excursion. Iren will be restrained using the bey all vehicle and traffic laws, of including the required use of a tion of texting or emailing while	<u> </u>	information consibility for accident, and correct, etems. a the state or mobile
Driver Signature:		Date:	
TTUSD Verification Signature:		Date:	